

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF E.K.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, E.K., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I have a Master's in Social Work from University of Washington. Since 2009 I
5 have worked as a mental health professional within the medical field. Beginning in August 2020
6 I have worked as a Gender Health Case Manager at a gender clinic that provides gender-
7 affirming care to minors and adults.

8 3. I am choosing to use my initials rather than my full name in this declaration out
9 of fear for the safety of myself, my family, my clients, and my business.

10 4. I have had years of independent training and also continuing professional
11 development education specific to the gender-affirming care population.

12 5. The clinic where I work provides a mixture of gender-affirming care. As a Case
13 Manager, my team is often the first point of contact at the clinic. The first step is to provide a
14 psycho-social assessment. The goal is to find out about the patient, who they are as a person and
15 their specific needs. My care continues with the patient the whole time they are seen at the clinic
16 as I help to coordinate care and have ongoing contact with the patient, I check on their emotions,
17 their medical care, and the social aspect of their lives. I also provide care coordination.

18 6. My patients are either self-referred by a gender health line or PCP referrals.

19 7. For minors we schedule time to talk with the child and their parents. At our clinic
20 all children under age 18, must have consent from a parent or legal guardian to receive gender-
21 affirming care.

22 8. The first thing I do is have a conversation with the child, sometimes they just
23 need mental health support. Typically, though, by the time youth are contacting us, they have
24 already decided they want medical intervention. I tell them the process and what it will be like.
25 Then, if the minor chooses to go forward, and I contact the legal guardian. At that point, parents
26

1 get involved as do medical doctors and psychologists. We all work together to determine best
2 course of action and best care options.

3 9. The youngest patient I have ever had was 8 years old, although the age ranges of
4 our minor patient extend to the age of 17 years old. Minor patients make up only about 10 percent
5 of our patient population.

6 10. Generally, eight years old is too young for medical intervention. They will stay
7 in contact with us and keep checking in. Families that get plugged in at a younger age, are
8 watching for the first signs of puberty, and the family can decide to provide care at that point. I
9 have been with the gender clinic for about four years, and I have seen children from first point
10 of contact all the way to hormones or top surgery.

11 11. Most patients that come to me are stressed. Some might not have parental consent,
12 and they are scared to even talk, but are suffering and want help. They are curious what they can
13 do. Usually when children come in with families who are already on board with gender-affirming
14 medical care it is after a period of time where the child has been distressed anxious, and
15 uncomfortable. No one comes to this decision lightly. Children have maybe been struggling for
16 years before even talking to their parents. For a child to talk with their parents about their identity
17 it takes a lot of internal wherewithal considering how high the stakes are. Children risk losing
18 their homes, their family, get sent to conversion therapy—all kinds of horrible things.

19 12. Receiving gender-affirming care at the clinic is not a quick process and involves
20 therapy, assessments, and medical appointments. Nothing is decided at the outset. We explore
21 all options of care and know that medical gender-affirming care is not for everyone.

22 13. When children receive gender-affirming care it is transformative. There are times
23 when parents first come in and say that they do not want their child to have medical gender-
24 affirming care but once they see the difference in their child, they are glad they did.

25 14. Receiving gender-affirming care can be like flipping a light switch. The children
26 who receive this care are happier and more engaged in life. They have increased energy and

1 renewed sense of self. It is like night and day, and the parents see it too. They realize how much
2 their child must have been suffering.

3 15. One youth I treated recently who had top surgery, he had not been wanting to
4 exercise or participate in sports, then he had surgery, and he is like a new person; he does
5 wrestling now. It is so powerful.

6 16. Another patient that I saw was able to start testosterone around 16 years old and
7 his family helped him transition at school and were very supportive. He is thriving, he had top
8 surgery before college, and he got to be him. He experienced high school as male and college as
9 a male. I have no doubt he will be happy and successful in life.

10 17. I have waited with other patients I see to turn 18 before receiving gender-
11 affirming care. Nothing changes in those years. It is a period of suffering. While waiting they
12 have a bad home life, a bad school life, and they can't participate in life how they want to. They
13 always schedule gender-affirming care for themselves as soon as they are able to upon turning
14 18. Even then, I have seen parents take away insurance and kick kids out of their house. When
15 children are not supported it is traumatizing, often leading to increased depression and
16 suicidality.

17 18. It is hard to quantify the amount of mental suffering that a child goes through by
18 waiting to get gender-affirming care, but the suffering is very real.

19 19. I can think of a few patients who suffered through ongoing depression and anxiety
20 during their high school years when they were denied care. They were forced to continue being
21 uncomfortable in their own body. They couldn't look in a mirror, wear clothes they want to,
22 date, or explore their sexuality. All of that is part of being human. It impacts everything, social
23 circles, sports, school, everything. Being denied the ability to engage in this way causes
24 unnecessary human suffering.
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1 20. I had some patients that were even relieved by the COVID lockdowns. Suddenly
2 there was no need to figure out which bathroom to use and they could be more anonymous going
3 to school online.

4 21. When children are not able to get the care they need, it's like pausing their life.
5 Their life is on hold until they are 18 when they are free to feel at home in their body. I don't
6 know of any other medical condition that is treated this way. We know this is causing pain and
7 suffering to a patient and we ask them to wait for years before getting care. Such an idea is
8 ludicrous. The Executive Order basically tells young people who are in pain that they just have
9 to wait. There is a remarkable resilience in the human spirit, and many can make it work, but it's
10 unnecessary.

11 22. In my experience working at the gender clinic, I have not encountered any patient
12 who has regretted the decisions they made to seek gender-affirming care. Although gender can
13 evolve over time, I have never heard anyone say the care they received was a mistake. They are
14 happy they got the care they needed at that time.

15 23. As for the older patients I see, so many say they wish they would have done it
16 sooner. They have a sense of regret that they could not live the lives they wanted earlier. Patients
17 who are forced to go through a puberty that does not align with their gender will often need many
18 surgeries that could have been avoided with puberty blockers and cross hormone therapy. For
19 example, testosterone can cause changes to the facial structure, development of an Adam's apple
20 and height. Reversing these developments will require facial harmonization surgery, jaw work,
21 and surgery to shave the trachea. If female hormones were introduced when these patients were
22 still minors, they are able to pass much better as adults without surgical intervention.

23 24. The Executive Order has already affected families. The best way to describe the
24 impact is as psychological terror. So many families are contacting me, terrified about whether
25 they will be able to continue this care. They worry their scheduled care will be canceled and
26 ongoing care will go away. Some families have moved from other states to receive this care

1 because they could not get it where they were and are afraid not knowing where they will need
2 to go now.

3 25. Last year, before the recent Executive Order one of my colleagues that does the
4 same work that I do has previously received a death threat. Following that our legal team worked
5 to remove a lot of public-facing information about our gender programs from the Internet.
6 Additionally, our management has since agreed to pay for a “delete me” service that erased a lot
7 of our personal information on the internet because of the increased threat to our safety as
8 practitioners.

9 26. Since the Executive Order there is even more of an increased risk of violence and
10 harassment. I am concerned for my own safety while I continue to provide this care. I also have
11 concerns about being able to provide this care legally and of being arrested for doing my job.

12 I declare under penalty of perjury under the laws of the State of Washington and the
13 United States of America that the foregoing is true and correct.

14 DATED this ____ day of February 2025 at _____. Washington.

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16 _____
17 E.K.
18 Gender Health Case Manager
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14 DATED this 4th day of February 2025 at 12:46 PM : . Washington

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16 E.K.
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